

VICS Newsletter



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News and information on medical cannabis

Medical Cannabis News:

Canada - Pilot Project Planned to Parcel PPS Pot Via Pharmacies

Health Canada (HC) has confirmed that it has a proposal under development to undertake a pilot program where cannabis grown under government contract will be made available through pharmacies to registered medical marijuana users. Modeled on the year-old medical cannabis program in the Netherlands, it would make Canada the second country in the world to allow the direct sale of medical cannabis in pharmacies.

"We are examining a range of changes to the medical marijuana access regulations, and one proposed change is to include allowing patients to obtain it through Canadian pharmacies," Health Canada spokesperson Catherine Saunders said. "If the regulatory changes were made so that pharmacists had the authority to dispense marijuana, then we could move forward."

British Columbia was chosen for the pilot project because the College of Pharmacists of BC, in Sept. 2003, issued a statement that supported access to standardized medical marijuana through pharmacies. Robin O'Brien, a consulting pharmacist who is organizing the pilot project, said, "Certainly the climate in British Columbia appears to be more welcoming and supportive. This is a relatively safe and non-toxic product."

While activists and medical marijuana patients and advocates welcomed any loosening of what they see as HC's cumbersome and bureaucratized medical cannabis program, they said the proposal does not address broader complaints they have with the program. And as encouraging as it is to see some pharmacists recognize the safety and effectiveness of medical cannabis, is this project really in the best interests of Canada's legal users and the taxpaying public?

Tim Meehan of Ontario Consumers for Safe Access to Recreational Cannabis told DRCNet, "The government may be trying to say that you can just go down and get it from your pharmacist, but it is not addressing the fundamental issue that the product is crap."

Indeed, the marijuana produced under a \$5 million dollar contract with Prairie Plant Systems (PPS) for distribution by HC to legal users is widely scorned. "I'm a recipient of the government cannabis and I can't tell you how bad it is," said Philippe Lucas of Canadians for Safe Access and the Vancouver Island Compassion Society. "I would support this if they allowed multiple strains to be grown in a safe, organic manner by people with experience growing medical marijuana." Unfortunately, all of the expertise lies with the compassion clubs and the federal government refuses to either license, regulate or work with the clubs.

Ms. Saunders felt that criticism of HC medical pot "is based on personal perceptions, not anything inherent in the actual product." How does she explain, then, the 'perception' from an independent testing lab that the product does not meet the advertised strength

of 10% THC and only tested at 6% THC? The week before the sample tested at 5.1% THC. In addition, there are still concerns about heavy metals levels.

For Brian Taylor of Cannabis Health magazine, the key issue is that of supply. "We need to have a system where patients can get cannabis medicine that is safe, affordable, and that comes in different varieties," he said. "The ideal solution is end prohibition. In the short term, we don't need bad government cannabis in pharmacies when we have community-based cooperatives - the compassion clubs - currently serving many, many more people than Health Canada with better quality and a higher satisfaction level."

Interestingly, more than half of the 700 federal exemptees come to compassion clubs for their medicine. And at least 10% of the 78 exemptees have returned or refused to pay for the federal cannabis they have received so far. There are roughly 7000 Canadians who access compassion clubs for their medicine, and in BC alone, it is estimated that up to 7% of the population - roughly 290,000 people - use cannabis for medical purposes.

Lucas pointed out that the pilot program will expend a lot of dollars to reach very few people (legal users in BC who request HC cannabis). "This will literally affect about a dozen people, and we will spend a million dollars to do it. It's disturbing to see our tax money spent this way when we could just let the clubs do it," he said.

As a legal user of cannabis, Mr. Lucas applauds the BC pharmacists to address this pertinent issue but feels that before they undertake an expensive, taxpayer-funded program, they should:

- pressure HC to license and regulate compassion clubs, a group with much relevant experience;
- lobby HC to make access to medical cannabis possible with only a physician's or health care practitioner's recommendation;
- make the implementation of the pilot project conditional on Ottawa supplying pharmacies with multiple strains of high-potency, organically grown cannabis.

Sources: "Canada Plans To Offer Medical Marijuana In BC Pharmacies", <http://www.mapinc.org/drugnews/v04.n489.a07.html>

"Medical Marijuana: Why - and how - Ottawa must make it easier to acquire and distribute", by Philippe Lucas, Vancouver Sun, March 30, 2004.

The VICS Moves!!

April 1, 2004 saw the opening of the new location of the Vancouver Island Compassion Society (VICS). Staff and about a dozen VICS members witnessed the ribbon cutting by Philippe Lucas, director. The VICS exists because of its members; it is to them that we dedicate our larger and accessible home.



Please call 360-8955 for further information.

Deja Vu All Over Again:

In Feb. 1972, a Sunday edition of The Vancouver Sun ran a headline "Heroin bigger business than fisheries". Today, the local fishing industry has been devastated but the drug trade is flourishing.

Fast forward to Feb. 24, 2004 when the headline ran "Vancouver is Canada's drug warehouse distribution center". Progress, as Alan Podsadowski notes. Mr. Podsadowski has worked for 32 years in the addiction field and has seen little progress over the past 30 years when it comes to treating addictions.

During the same period, the provincial (BC) addictions system of care has undergone seven or eight major reorganizations. The last significant increase in treatment funding occurred in 1988 when the BC government doubled the budget. However, many existing treatment programs have seen minimal budget increases. While, on one hand, some new services have been developed, other treatment programs around the province have been reduced and some communities have lost major programs entirely. And without appropriate financial support, two of the four 'pillars' of the four-pillar approach to drug addiction, those being prevention and treatment, could collapse, and with it the entire approach to dealing with drug addiction.

The other two pillars, harm reduction and enforcement, have been receiving more of the funding and more of the attention. As a result, many of those who need help, some desperately, are not able to access prevention or treatment services in their communities and they continue to spiral downward.

Addictions and their related problems are a major contributor to the western world's ill health and costly health programs, yet prevention and treatment have never been high on the list. The 2000 auditor-general's report of Canada's drug strategy, highly critical of the government's approach, indicated that 94% of our national resources went to enforcement and supply reduction.

Comprehensive studies on the cost benefits of drug treatment consistently indicate that for every dollar spent on treatment, \$7 to \$10 are saved in related health/hospital, criminal justice, child welfare and insurance costs. No matter how many harm reduction measures are in place, these same initiatives will be seriously threatened without proper provisions for longer-term treatment programs.

In 1988, there were only 20 intensive residential treatment beds for youth in the province; today there are 12. Waiting times for treatment have increased. The only government-funded intensive residential treatment on Vancouver Island was closed more than a year ago and not replaced. Long-term residential treatment programs to help people with addictions do not exist.

Source: "30 Years On, We've Made Little Progress In Treating Addicts", by Alan Podsadowski, The Vancouver Sun, March 15, 2004.

Harm Reduction Forum in Victoria, BC:

About 150 persons attended a harm reduction forum in Victoria, BC, on Mar. 18. with guests Susan Brice, Minister of State for Mental Health & Addiction Services, Philip Owen, former Mayor Vancouver (Four Pillar Approach to Addiction), and Alan Lowe, Mayor of Victoria.

Enthusiasm towards harm reduction and compassionate care was high, to some degree because of the success of the world's 61st safe injection site in Vancouver, BC, last year (there's talk of one in Victoria). Many recognized the need for a balanced approach to the 'four pillars' and called for more funding for the prevention/education and treatment options. However, while it was recognized that resources are incomplete for full adoption of the four pillars approach, the same refrain was heard - 'there's no more funding'. Malarkey, if there was political will, it would be so.

I can see clearly now the smoke has gone,....

Imperial Tobacco Canada can see the writing on the wall, and it feels that taxpayers should help keep the industry alive and competitive.

A 27% drop in sales since 1999, government taxation (approx. 70% of retail price) and the rapid growth of 'lower-priced' tobacco products have forced the company to initiate discussions on the price it pays for leaf tobacco.

Imperial Tobacco is "concerned about the impact of industry realities on tobacco growers", and feels that "the federal and provincial governments are rightly responsible for providing financial assistance to growers for the impacts of the overall decline of tobacco consumption in Canada".

Basically, Ontario tobacco growers receive a 'top-up' (aka subsidy) in pricing from Imperial Tobacco over the amount the company bids for each bundle at auction for domestic use because of the average domestic price negotiated yearly by the manufacturers and the Ontario Flue-Cured Tobacco Growers' Marketing Board. This subsidy from Imperial Tobacco has amounted to \$215 million over the past 5 years, an amount they claim is unsustainable in the current economic climate.

However, because the federal government does not wish to lose such a valuable source of revenue through taxation, it is suspected that some form of funding will keep the product available for Canadians for the next while (oh joy).

Ironic, isn't it, that the taxes raised from tobacco sales could be used to ensure that a large corporation can continue to produce a knowingly harmful product. And regardless of the serious health issues associated with tobacco consumption, why are Canadians being asked to subsidize a profitable business (yet again)?

Source: "Governments are Responsible for Assisting Tobacco Growers, Imperial Tobacco Says", by Imperial Tobacco, transmitted by Canada Newswire March 8, 2004.



Thanks to Raeside, again.

Cannabis Strains - A Primer:

VICS members are always asking questions (this is good) and one of the most common is what type of cannabis is the best for their particular health issue. Not excluding the fact that everybody's physiology is different, as well as their physical needs and mental outlook, cannabis strains used for medicinal use typically fall into two strains, sativa and indica, of which there are many crossbred varieties.

Hilary Black of the British Columbia Compassion Club Society puts it in a nutshell:

"Indica and Sativa are the two main varieties of the cannabis plant used as medicine. There are many strains that are crosses of those two varieties. Within each of those varieties and crosses there are a huge number of individual strains, each with a different cannabinoid profile and effect. According to anecdotal evidence, the Indica strains are a relaxant, effective for anxiety, pain, nausea, appetite stimulation, sleep, muscle spasms and tremors, among other symptoms. The Sativa strains are more of a stimulant, effective in appetite stimulation, relieving depression, migraines, pain and nausea. We are now aware of specific strains that are effective for specific conditions and symptoms."

Below is a summary of the general characteristics exhibited by a 'pure' sativa and indica.

Cannabis Sativa L.

Generally the cannabis sativa plant is the taller and lankier variety, reaching heights of up to 5 - 6 metres. It is characterized by narrow serrated leaves and loose spear-like flower clusters that can be extremely resinous. Primarily the effects of the sativas are on the mind and emotions. In this regard they tend to be more stimulating, uplifting, energizing and enhance creativity; these benefits can be particularly helpful for the psychological component of many illnesses. Sativas are generally good for daytime use.

Some benefits are:

- reduces depression
- relieves headaches and migraines
- energizing, uplifting
- may reduce awareness of pain
- reduces nausea
- stimulates appetite
- immunological support
- expectorant



Cannabis Indica L.

Indica plants are normally shorter and stockier, reaching 1 - 2 metres in height with wide, deeply serrated leaves and a compact and dense flower cluster. The effects of indicas are predominantly physical although the relief of certain physical symptoms can have an emotional result as well; these effects can be characterized as relaxing, sedating and pain reducing. Indicas are generally good for later in the day and before bed. Some benefits are:

- reduces pain
- relaxes brain centres and muscle
- reduces inflammation
- aids sleep
- sedative/reduces anxiety
- reduces nausea
- stimulates appetite
- relieves headaches and migraines
- reduces intra-ocular pressure
- anti-convulsant
- reduces seizure frequency
- expectorant



Extracted from Effective Use of Medicinal Cannabis, published originally by the BCCCS in Vancouver, BC

The VICS Medicine Cabinet:

The Vancouver Island Compassion Society (VICS), like other compassion clubs, distributes medical cannabis to people with serious medical ailments. And if one is to believe popular media, smoking is the preferred method of ingestion. To some degree this is still true today with most members of the VICS choosing to smoke cannabis, largely because of the rapid rate of absorption.

Vapourizers are becoming more widespread due to the reduced harm to the respiratory tract, and better designs are making them more effective and easier to use. Vapourization is a technique where cannabis is heated to a temperature below the point of combustion and cannabinoid vapours are released; the essential chemical ingredients are ingested without the noxious and carcinogenic smoke toxins that are formed when cannabis burns.

Other forms of the active medicinal elements or methods of ingestion, largely unexplored before, are now more readily available. For various reasons, VICS members are requesting more non-smoking versions of cannabis, of which cannabis cookies are the most popular, so far. Responding to the need to provide different delivery methods, the VICS has developed its own liquid oral products and its own sublingual spray.

In the spirit of harm reduction, the VICS is proud to offer a variety of medicinal products to our members as listed below:

- > organic, dried cannabis bud: many strain varieties to suit different physiological and/or mental needs, ranging from full sativa to full indica with many shades in between. VICS cannabis strains vary from 12% to over 20% THC.
- > hashish - made with organic cannabis
- > cannabis oil - organic cannabis infused w/ olive oil (oral)
- > cannabis tincture - organic cannabis infused with double distilled grain alcohol (oral)
- > cannabis sublingual spray - cannabis tincture (see previous) with mint and honey, take orally via spray bottle for sublingual (under the tongue) delivery
- > cannabis cookies - made with organic cannabis
- > cannabis truffles - made with organic cannabis (and sometimes two kinds of chocolate! Thanks C.)

Definitions:

diversity *n.* being diverse, unlikeness; different kind; variety.

[Middle English, from Old French *diversite* from Latin *diversitas - tatis* (as *DIVERS*; see *-ITY*)]

(The Concise Oxford Dictionary, 7th ed., 1983)

monopoly *n.* exclusive possession of the selling of some commodity or service; this conferred as privilege by State; exclusive possession, control or exercise (of or *on); thing that is monopolized.

[from Latin from Greek *MONO* (*polion* from *poleo* sell)] (ibid.)

prohibition *n.* forbidding, being forbidden; edict or order that forbids; (esp. US history, Prohibition) forbidding by law of the manufacture and sale of intoxicants, whence *~IST* (2) *n.*; (Law) writ from superior court forbidding inferior court to proceed in suit deemed to be beyond its cognizance. [Middle English from Old French, or from Latin *prohibitio*] (ibid.)

pointless *a.* without a point, blunt; without point or force, meaningless; not having scored a point; hence *~LY* adv., *~NESS* *n.* [Middle English from *POINT* + *LESS*] (ibid.)

Cannabis News:

Canada - Anti-Cannabis Allegations Unsupported

Rich Coleman, Solicitor General of British Columbia, told the Vancouver Board of Trade in Feb. 2004, that weapons used in Afghanistan were tracked, and that the money trail led back to the sale of BC cannabis. Or more simply put, BC pot buys weapons for Afghans. When pressed for the evidence of this claim, Mr. Coleman refused to disclose any information.

These comments and allegations have not been missed by the British Columbia Civil Liberties Association (BCCLA). Kirk Tousaw, the BCCLA Policy Director, wanted to determine whether it was true or fear-mongering.

"I think it behooves the public to hold our elected officials accountable for their allegations, and therefore I immediately sent the Solicitor General's Ministry an Information Act Request."

The Ministry responded by March 9, 2004, and stated that there are no records within the scope of the request. The Ministry forwarded the request to the BC Organized Crime Society, who said they "may be able to respond", but the BCCLA has not heard a word yet.

In a speech on March 23, 2004, Rich Coleman said that BC marijuana is traded on a kilo-for-kilo basis for cocaine, and that cannabis is "usually" laced with PCP or cocaine in order to get people hooked. Funny, with millions of cannabis smokers in Canada, why haven't we heard about these tainted joints? As well, a 2001 US Department of Justice report stated that "...reports of the reputed exchange of Canadian marijuana for US cocaine on a pound-for-pound basis are false."

Mr. Tousaw continued, "It seems that truth is one of the first casualties of prohibition. Perhaps it was an unintentional mistake by Minister Coleman, but with allegations this serious I think we should demand more from our province's top law enforcement official."

One reason the BCCLA continues to press for cannabis legalization is to reduce the criminal activity and the harms associated with the black market.

"The irony is that, even if all of the SG's claims were true, it would an argument for legalizing (and regulating) marijuana. Legal products aren't adulterated, don't fuel black markets and aren't traded for cocaine. Yet Minister Coleman apparently fails to make these connections, because he continues to argue for increased prohibitionist tactics that are a proven failure throughout the world."

Source: "Anti-Cannabis Allegations Unsupported", News Release from the BCCLA, March 23, 2004

Australia - Western Australia Adopts Decriminalization Bill

As of March 22, 2004, possession of up to 30 grams of cannabis and the cultivation of up to two cannabis plants will be decriminalized in Western Australia. An interesting twist on cultivation is that plants grown hydroponically are still illegal because of their perceived higher yields.

The government has come under a lot of criticism with this new bill, with the usual health risks and societal harms being trotted out. The government points out, however, that they agree that cannabis is harmful and that the new laws still recognize the illegalities of cannabis possession and cultivation.

Dr. Steve Allsop of Western Australia's government drug and alcohol office acknowledges that cannabis can be harmful but said that the laws would ensure that cannabis use was dealt with more as a health issue than a criminal issue. Money is being put into treatment and counseling services since, as Dr. Allsop stated, "No one wants to see an increase in the number of people who start cannabis use but all of us want to see an increase in the number of people who come off cannabis."

Source: "Cannabis Use Decriminalized", <http://www.mapinc.org/drugnews/v04.n468.a05.html>

Who Exactly Is The Addicted Party Here?

In 1999, Gordon Campbell of the Liberals told the Vancouver Sun, "We're opposed to the massive expansion of gambling that has taken place. I want to build an economy based on winners, not losers, and gambling is always based on losers. The only way government makes money on gambling is because you lose it."

Fast forward to 2004 and BC gamblers have really been losing it, so to speak (maybe they've already lost it). And losing so much that the Liberal government plans to nearly double the number of slot machines in BC to 6600 within the next fiscal year, as admitted recently by Solicitor General Rich Coleman.

The newer multi-game slots are what the industry is using and BC "entertainment centre" owners will be installing them in new Lower Mainland casinos. Also, places such as bingo halls and race tracks can now apply for slots, a move not permitted in the past.

Given that \$3.7 billion was spent on BC slot machines in 2002-2003 and an additional \$1.4 billion on table games, bingo and lottery tickets, how could a government refuse? But, as stated by Jody Paterson of the Times Colonist, "...the end doesn't always justify the means -- otherwise, why not just traffic in drugs?" Indeed, Mr. Coleman, why not?

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388-4516

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<http://thecompassionclub.org>

Action Committee of People with Disabilities

383-4105

Canadians for Safe Access

<http://www.safeaccess.ca>

Canadian Cannabis Coalition

<http://www.cannabiscoalition.ca>

Canada Medical Marijuana

<http://www.medicalmarihuana.ca>

Media Awareness Project

<http://www.mapinc.org>

DrugSense

<http://www.drugsense.org>

Health Canada

<http://www.hc-sc.gc.ca/hecs-sesc/ocma/>

1-866-337-7705

Norml Canada

<http://www.normlcanada.org>

Cannabis Health

<http://www.cannabishealth.com>

Cannabis Research Institute

<http://www.cannabisresearchinstituteinc.com>

"This vice brings in 100 million francs each year. I will certainly forbid it at once - as soon as you can name a virtue that brings in as much revenue." -- Napoleon Bonaparte